State of Rhode Island an Department of St			Division				
Annual Report for the ye	9				-	TAMP	
Corporation				2019			
→ Filing period: January 1 - I				JAN	ORF P		
→ Filing Fee: \$50.00→ Penalty: Additional \$25.00	→ Penalty: Additional \$25.00 fee if form is not filed by April 1.					-	RECE TARY ORA
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000012639	•					AM IO	VED OF S
Principal Office Address 170 Main Street	City Westerly	•	State RI		Z(p.> 02891		
4. NAICS Code		conducted in Phode Is	!		02031		
453310		Brief description of the character of business conducted in Rhode Island RETAILER OF MAJOR HOUSEHOLD APPLIANCES					
5. State of Incorporation	RETAILER OF MAJOR HOUSEHOLD AFFLIANCES						
RHODE ISLAND							
7. List ALL officers (names and ac		Check the box to indicate an attachment					
President Name Michael J. Algieri	Vice-President Name Lori-Beth Guelcher						
Street Address 4 Oaklawn Terrace			Street Address 5908 Hoffman Lane				
City Westerly	State RI	^{Zip} 02891	City Slatington		State PA		Zip 18080
Secretary Name Mary Kay Patten	Treasurer Name Lori-Beth Buelcher						
Street Address 1 Morrone Court	Street Address 5908 Hoffman Lane						
City Westerly	State RI	^{Zip} 02891	City Slating	ton	State PA		^{Zıp} 18080
8. List ALL directors (names and a Director Name	Check the box to indicate an attachment ☐ Director Name						
Michael J. Algieri		Lori-Beth Guelcher					
Street Address 4 Oaklawn Terrace	Street Address 5908 Hoffman Lane						
City Westerly	State RI	^{Zip} 02891	City Slatington		State PA Zip		^{Zip} 18080
Director Name David B. Patten			Director Name				
Street Address 1 Morrone Court			Street Address	s			
City Westerly	State RI	^{Z_{ip}} 02891	City		State		Zip
9. Shares Authorized	and in the	10. Shares Iss		Check CLASS/SERIES		ndicate	an attachment
This information is currently of record in the Department of State. Changes require an additional filing.		150	I STAILS	Common	<u>, </u>	None	
11. This report must be executed	on behalf of the	corporation by an a	authorized repres	Isentative. If the corpo	ration is in t	he han	ds of a receiver or
trustee, this report must be execu Under penalty of perjury, I decla					nanyina s	chadul	e and
statements, and that all stateme	ents contained						
Name of Authorized Representation	FILED			ite 1-10-19 ·			
Signature of Authorized Represen	itative _				1 '		
Marie-Keel	Hat	ten sign bo	CUMENT RUAN	1 1 2019	D		
MAIL TO:	7		BY	NOON	JV		
Division of Business Services 148 W. River Street, Providence, Rhod	le Island 02904-2	615	1 2 3	61.01			

FORM 630 - Revised: 10/2017

Phone: (401) 222-3040

Website: www.sos.ri.gov

RI SOS Filing Number: 201984633950 Date: 1/17/2019 4:00:00 PM